



# Application for Admission

### Student Information:

Name of the student:

Please attach latest  
**photograph**  
of the child

SURNAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

Gender: Male  Female

Date of Birth (DD/MM/YYYY): \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Grade to which admission is sought: \_\_\_\_\_

Proposed date of starting at Neev Academy: \_\_\_\_\_

### FAMILY INFORMATION:

	Mother	Father
Full Name		
Home Address		
Home Telephone Number		
Mobile Number		
Email Address		
Preferred Contact Number(first/second/either)		
Highest education qualifications		
Company/Organization		
Occupation/Designation		
Office Address		
Office Contact Number		

### EMERGENCY CONTACT:

Person, besides parents, who can be contacted in case parents are not available \_\_\_\_\_ Contact Number \_\_\_\_\_

Sibling/s details (list from eldest to youngest)							
Sl No	Name/s of brothers/sisters	Date of Birth	Gender M/F	*Code	Class/Grade presently studying	If applying to Neev, indicate which class/grade	Name of current school
1							
2							
3							

Please fill in the code  
**\*Code** A = Alumni | S= presently studying in Neev | J= applying to join Neev | E= studying elsewhere

**ACADEMIC INFORMATION:**

Please provide details of any schools/education programmes previously attended

Name of the current/previous school(s)	Location	From Date	To Date	Grade/Class attended

Please attach copies of reports for the last 3 years (school reports and certificates if any)

1. Why is your child leaving his/her current school?  
\_\_\_\_\_
2. Has your child previously applied to Neev Academy? Yes/No \_\_\_\_\_
3. Has your child ever been suspended or had to withdraw from a school for disciplinary reasons? Yes/No  
\_\_\_\_\_
4. What factors contributed to your decision to apply to Neev Academy?  
\_\_\_\_\_
5. Which other schools has your child applied to?  
\_\_\_\_\_

6. Languages understood by your child:

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7. Languages spoken by your child:

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8. What areas of the curriculum does your child particularly enjoy?

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9. Are there any areas of the curriculum your child has difficulty with?

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10. (A) Does your child enjoy reading? Yes/No \_\_\_\_\_

(B) If yes, please share the authors/titles that your child is reading currently.

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11. Has your child ever been assessed for learning difficulties? Yes/ No

If yes, please provide a copy of the report and details of support provided with dates.

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12. Has your child been assessed as particularly gifted/talented? Yes /No

Please provide details, including test/assessment results.

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13. Has your child ever had any difficulties with general coordination, balance and physical skills? Yes/No

If yes, please provide relevant information.

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14. Is there anything you would like to share around your child's overall behavior?

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15. What are the 2<sup>nd</sup> and 3<sup>rd</sup> language currently being studied by your child? (If applicable)

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**SOCIAL INFORMATION:**

1. At Neev Academy we celebrate the uniqueness of all our students. Tell us about your child’s social development, achievements, interests and hobbies.

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2. At Neev Academy we believe students learn best through inquiry and experiential learning. Please share with us an experience, which you feel has had a significant impact on your child’s journey of learning.

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3. What do you consider to be important for your child’s ongoing education?

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4. Neev Academy is a community that promotes the ‘whole child’ approach that nurtures the child’s potential in a culture of continuous growth. As part of Neev Academy we value and respect the participation of parents. Please let us know in which of the following ways you see yourselves involved in your child’s education:

- As an expert visitor (state your area of expertise) : -

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- Volunteering time as substitute teacher/field trip/school events:-

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**HEALTH INFORMATION\***

Please share any relevant medical information regarding your child's health

Does your child have any allergies? If yes please provide details.

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Foods to be avoided:

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Medicines to be avoided:

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All vaccinations are up to date? Yes/No/Pending: \_\_\_\_\_

Details of any hospitalization:

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Any other relevant information:

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\*You would be required to fill in the detailed health information form and submit it along with this admission form

**DOCUMENTS TO BE ENCLOSED:**

1. Birth/Adoption Certificate
2. School Leaving Certificate.
3. Transcripts / Report cards for past three years.
4. Application fee of Rs.1000/- through cheque/draft/credit card (with service charge as applicable).
5. Photograph: One stamp size for child's photo ID card.

**DECLARATION:**

I hereby agree that I am leaving my child in the care of the staff at Neev Academy. All the information given here is correct and no important information has been withheld. I will not hold Neev Academy accountable for any unavoidable mishaps or accidents. By enrolling my child at Neev, I agree to abide by all the policies set out in the Neev Academy Policy Handbook.

Signatures/Date

Father:

Mother:

Guardian:

**FOR OFFICE USE:**

**Admission No:** \_\_\_\_\_

**Date of Joining:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Class Entered:** \_\_\_\_\_

**Academic Year:** \_\_\_\_\_

**Registration Number Admin:** \_\_\_\_\_

**Date of Registration:** \_\_\_\_\_

**Accounts Department Fee Code:** \_\_\_\_\_

**Reg. Fee Receipt No:** \_\_\_\_\_



# Student Health Form

(To be filled by the Parent)

Name of the student:

SURNAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

Year of enrollment: \_\_\_\_\_ Class: \_\_\_\_\_

Gender: Male  Female

Date of Birth (DD/MM/YYYY): \_\_\_\_\_

Blood Group: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

### Immunisation details

Sl no.		Yes	No	Date
1	B.C.G.			
2	Polio			
3	D.P.T			
4	T.A.B			
5	Measles			
6	M.M.R			
7	Chicken-Pox			
8	Hepatitis B			
9	Hepatitis A			
10	H.I.B			
11	Tetanus Toxoid			
12	Typhoid			

Give dates if the child has had any of the following:

Particulars	Date	Particulars	Date	Particulars	Date	Particulars	Date
Chicken Pox		Polio		Convulsions		Scarlet fever	
Diphtheria		TB		Mumps		Meningitis	
Diabetes		Measles		Whooping Cough		Rheumatic fever	
Hepatitis		Rubella		Heart Disease		Pneumonia	
Other							

Does your child take any medication regularly? If yes, please give details.

\_\_\_\_\_

<b>Medical History</b>	<b>Yes</b>	<b>No</b>	<b>If yes, explain</b>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiac disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gastrointestinal disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neuromuscular disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Orthopaedic condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory illness	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizure disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Visual disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____

Other important information concerning your child's health.

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Signatures/Date

Father:

Mother:

Guardian:

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